

## Texas Prior Authorization Program Clinical Criteria

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### Drug/Drug Class

## Epidiolex (Cannabidiol)

### Clinical Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### Revision Notes

Added the following diagnosis (ICD-10) codes: G40411, G40419, G40803 and G40804



## Epidiolex (Cannabidiol)

### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
EPIDIOLEX 100MG/ML SOLUTION	45169



## Epidiolex (Cannabidiol)

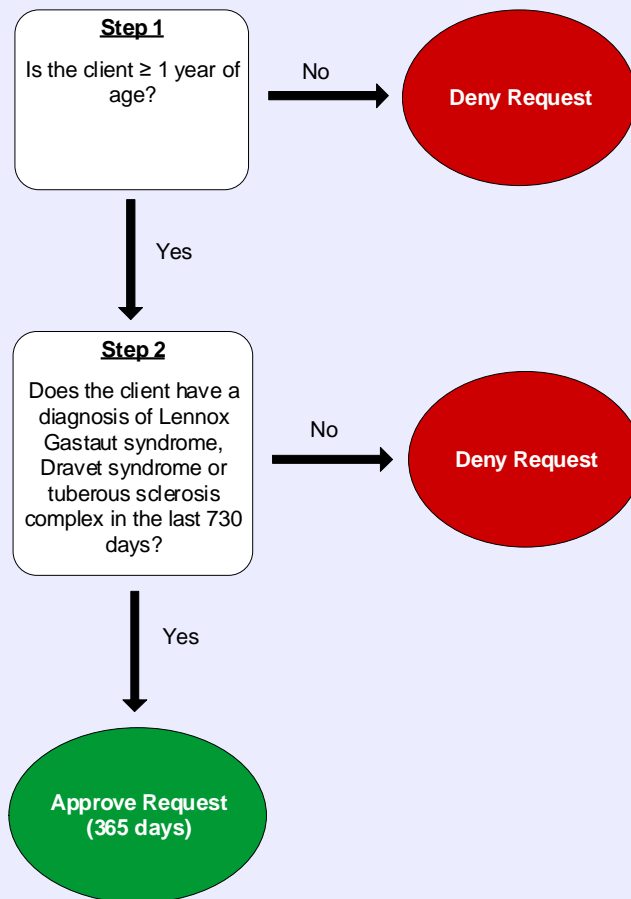
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 1 year of age?  
 Yes (Go to #2)  
 No (Deny)
  
2. Does the client have a **diagnosis of Lennox-Gastaut syndrome, Dravet syndrome or tuberous sclerosis complex** in the last 730 days?  
 Yes (Approve – 365 days)  
 No (Deny)



# Epidiolex (Cannabidiol)

## Clinical Criteria Logic Diagram





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### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of Lennox-Gastaut syndrome, Dravet syndrome or tuberous sclerosis complex)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
G40411	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITH STATUS EPILEPTICUS
G40419	OTHER GENERALIZED EPILEPSY AND EPILEPTIC SYNDROMES, INTRACTABLE WITHOUT STATUS EPILEPTICUS
G40803	OTHER EPILEPSY INTRACTABLE, WITH STATUS EPILEPTICUS
G40804	OTHER EPILEPSY INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40811	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITH STATUS EPILEPTICUS
G40812	LENNOX-GASTAUT SYNDROME NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G40813	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITH STATUS EPILEPTICUS
G40814	LENNOX-GASTAUT SYNDROME INTRACTABLE, WITHOUT STATUS EPILEPTICUS
G4083	DRAVET SYNDROME
G40833	DRAVET SYNDROME, INTRACTABLE, WITH STATUS EPILEPTICUS
G40834	DRAVET SYNDROME, INTRACTABLE, WITHOUT STATUS EPILEPTICUS
Q851	TUBEROUS SCLEROSIS



## Epidiolex (Cannabidiol)

### Clinical Criteria References

1. 2019 ICD-10-CM Diagnosis Codes. 2019. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on January 25, 2019.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2020. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on September 23, 2020.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on September 23, 2020.
4. Epidiolex Prescribing Information. Carlsbad, CA. Greenwich Biosciences. July 2020.
5. American Academy of Neurology and the American Epilepsy Society. Treatments for Refractory Epilepsy; Guideline Summary for Clinicians.
6. Kanner AM, Ashman E, Harden C, et al. Practice guideline update summary: Efficacy and tolerability of the new antiepileptic drugs II: Treatment-resistant epilepsy. Report of the Guideline Development, Dissemination and Implementation Subcommittee of the American Academy of Neurology and the American Epilepsy Society. *Neurology* 2018;91(2):82-90.
7. Wirrell EC, laux L, Donner E, et al. Optimizing the Diagnosis and Management of Dravet Syndrome: Recommendations From a North American Consensus Panel. *Ped Neur* 2017;68:18-34.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/25/2019	<ul style="list-style-type: none"> <li>Initial publication and presentation to the DUR Board</li> </ul>
02/04/2019	<ul style="list-style-type: none"> <li>Updated to include DUR Board recommendations</li> </ul>
03/28/2019	<ul style="list-style-type: none"> <li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a>.) on each 'Drug Requiring PA' table</li> </ul>
08/20/2020	<ul style="list-style-type: none"> <li>Updated age to greater than or equal to 1 year of age on criteria logic and logic diagram, pages 3-4</li> <li>Added diagnosis for tuberous sclerosis complex in criteria logic and logic diagram, pages 3-4</li> <li>Added ICD-10 codes for Dravet syndrome and tuberous sclerosis complex to supporting tables, page 5</li> <li>Updated references page 6</li> </ul>
02/18/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
02/25/2021	<ul style="list-style-type: none"> <li>Added the following diagnosis (ICD-10) codes: G40411, G40419, G40803 and G40804</li> </ul>